



2 Widcombe Road, Kingston 6

Email:
reachtheoffice@gmail.com

HEALTH FORM

NAME (first, middle, last)

_Male / Female

D.O.B. (dd/mm/yyyy)

Grade:

Your child's primary physician and contact #:

In a medical emergency call:

ALERT TO PARENTS: If your child has a serious medical condition, it is important that you inform the School Administrators and your child's teacher(s) immediately.
The school **must** know of any **life threatening** conditions that your child has (e.g. severe allergy with anaphylaxis, diabetes, asthma) prior to the start of school.
In order to provide a safe and healthy environment for your child this information will be accessible to the following people: School Administrators, Teachers and Office Manager.

MEDICAL HISTORY

Check the conditions that apply to your child and give further information

- ADD / ADHD (please explain)
- Headaches (please explain)
- Anxiety/Panic attacks (please explain)
- Heart condition (please explain)

- Kidney/Urinary tract - not limited
- Bowel problems - limited
- Muscular disorder
- Diabetes
- Color blindness
- Seizures
- Orthopedic problems
- Emotional concerns
- Vision problems
- Asthma

- Any other **medical condition**(s) that you think the school should be aware of:

ASTHMA

If you checked asthma overleaf, please answer the following:

- YES NO Does your child take daily asthma prescription medication? (not including albuterol)
- YES NO Does your child take more than 2 asthma medications daily?
- YES NO Has your child been to the ER for asthma in the past 12 months?
- YES NO Has your child used steroids in the past year for asthma symptoms?
- YES NO Do asthma symptoms interfere with sleep?
- YES NO Does your child have asthma symptoms more than 3 days a week?

ALLERGIES

List allergies your child has that may cause a problem at school:

Cause of allergy:

Treatment:

Cause of allergy:

Treatment:

VISION

Does your child wear prescription lenses?

Name, address and # of physician

HEARING

Does your child wear a hearing aid?

Name, address and # of physician

ANY OTHER INFORMATION

We offer **basic first aid** in the event of cuts, bruises, headaches, toothaches, tummy aches etc. Please check below if you give permission for the school to administer:

- Children's Panadol/Cetamol
- Dica/Pepto Bismol

DPH Antihistamine

DPH Elixir (Cough)

Parents signature

Date